

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		B				
5		3				
6		3				
7	1	2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16	1					
17		1				
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27		4				
28		4				
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32		4				
33		4				
34		6				
35		26				
36		16				
37		6				
38		6				
39		6				
40		16				
41		26				
42						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						